

Children's Understanding of Death

Children's understanding of Death is provided by Hospice of Southeastern Connecticut Bereavement Program. It is a guide, not a checklist - each child is an individual.

Newborn to Three Years

Child's Perception: Infant/Toddler can sense when there is excitement, sadness, anxiety in the home; can sense when a significant person is missing, presence of new people

- No understanding of death
- Absorbs emotions of others around her/him
- May show signs of irritability
- May exhibit changes in eating, nursing patterns, crying, and in bowel and bladder movements
- Depends on nonverbal communications; physical care, affection, reassurances

●Providing Support:

- Keep normal routines and structure whenever possible
- Be verbally and physically affectionate and reassuring
- Provide warm, loving caretaker when parent is not available
- Exhibiting healthy coping behaviors

• Three to Six Years

Child's Perception: Child thinks death is reversible; temporary, like going to sleep or when a parent goes to work; believes that people who die will come back

- "Magical thinking"; believes their thoughts, actions, word caused the death; or can bring deceased back; death is punishment for bad behavior
- Still greatly impacted by parent's emotional state
- Has difficulty handling abstract concepts such as heaven
- Regressive behaviors; bed wetting, security blanket, thumb sucking, etc.
- Difficulty verbalizing therefore acts out feelings
- Increased aggression - more irritable, aggressive play
- Will ask the same questions repeatedly in efforts to begin making sense of loss
- Only capable of showing sadness for short periods of time
- Escapes into play
- Somatic symptoms
- Hungers for affection and physical contact, even from strangers
- Connects events that don't belong connected
- May exhibit little anxiety due to belief that deceased is coming back

●Providing Support:

- Keep normal routines and structure whenever possible
- Provide opportunities to play, draw
- Read books on death & loss with child
- Help to verbalize feelings and fears
- Help to identify feelings and reactions
- Be honest and tell a child if you do not have an answer
- Explain in specific, concrete language - not euphemisms; explain what has happened giving specific explanations about physical reality of death
- Gently confront magical thinking
- Make sure child does not feel responsible for the death
- Be tolerant of regressive behaviors
- Modeling healthy coping behaviors
- Avoid clichés; "At least you have another brother", "You can always get a new pet"
- Use specific, concrete words - not euphemisms; Avoid "Mommy has gone to sleep", "God has taken Grandpa"

Six to Nine Years

Child's Perception: Child begins to understand the finality of death; some do and some may not.

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- Sees death as a taker or spirit that comes and gets you
- Fear that death is contagious and other loved ones will "catch it" and die too
- Fascinated with issues of mutilation; very curious about what body looks like
- Connects death with violence and may ask, "who killed him?"
- 3 categories of people who die: Elderly, handicapped, klutzes
- Asks concrete questions
- Guilt - blames self for death
- May worry how the deceased can eat, breathe, etc.
- Continues to have difficulty expressing feelings verbally
- Increased aggression
- Defends against feeling helpless
- Somatic symptoms
- School phobia (especially if single parent)
- Continues to have difficulty comprehending abstractions such as heaven, spirituality

● **Providing Support:**

- Talk with child
- Ask questions
- Make sure child does not feel responsible in any way
- Identify specific fears
- Provide opportunity for play, drawing, art
- Normalize feelings & fears
- Address distortions & perceptions
- Be honest and tell a child if you do not have an answer
- Help to cope with impulse control
- Help them share bad dreams
- Help them with positive memories of the deceased
- Model healthy coping behaviors
- Avoid clichés; "Don't worry, things will be O.K.", "You're such a strong boy/girl"
- Use specific, concrete words - not euphemisms; Avoid "Grandma went to sleep and is now in heaven", "Grandma was very sick and the sickness made her die"

Nine to Thirteen Years

Child's Perception: Child's understanding is nearer to adult understanding of death; more aware of finality of death and impact the death has on them

- Concerned with how their world will change; with the loss of the relationship, "Who will go with me to the father-daughter banquet?"
- Questions have stopped
- Fragile independence
- Reluctant to open up
- Delayed reactions - at first seems as if nothing has happened, then grief reaction may show strong degree of affect
- Beginning to develop an interest in rituals (spiritual affects of life)
- Disrupted relationships with peers
- Increased anger, guilt
- Somatic symptoms
- School phobia
- Self conscious about their fears (of own death, remaining parents)

● **Nine to Thirteen Years [cont.]:**

● **Providing Support:**

- Encourage discussion of their concerns
- Provide & encourage expressive experiences such as writing or drawing

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- Address impulse toward acting out and allow opportunity to identify their feelings
- Allow for regressive behaviors
- Be honest and tell a child when you do not have an answer
- Gently relieve child from attempts to take over adult responsibilities
- Model healthy coping behaviors
- Avoid clichés; Avoid "You must be strong so I don't have to worry about you", "Big boy's don't cry"

Thirteen to Eighteen Years

Adolescent's Perception: Adolescent has adult understanding about death

- Death is viewed as an interruption. Death is an enemy
- Bodily changes emphasize growth and life. Death is a contrast
- Increased vulnerability due to many other changes and losses simultaneously occurring
- A sense of future becomes part of their psychology
- Increased risk taking in effort to reduce anxiety or to defy fate
- May intellectualize or romanticize death
- May act indifferent to death of someone close as a protection against feelings
- May show full range of affect or almost no affect
- Wants to grieve with her/his peers not adults
- May need permission to grieve
- Suicidal thoughts
- Represses sadness, feels anger, depression
- Escapes; drives fast, uses drugs or alcohol sexually acts out
- Denial - tries not to think about it, doesn't want to talk about it
- Difficulty with long term plans
- Somatic symptoms
- Questions religious/spiritual beliefs

●Providing Support:

- Don't assume they can handle themselves and their problems without help, support
- Be available, but don't push
- Help them find peers who will support their feelings
- Or find other trusted adults
- Give permission for regression
- Be honest and say when you do not have an answer
- Assist in relieving adolescent of burden of adult responsibilities
- Help impulse control toward reckless behavior
- De-romanticize death
- Discuss feelings of helplessness
- Model healthy coping behaviors
- Avoid clichés; "You've got to be strong to help your mother"; "You seem to be taking this so well", "Now you're the man of the house."